



Mechanicville City School District Complaint of Alleged Discrimination and/or Harassment

If you believe that you have been subjected to discrimination or harassment, you are encouraged to complete this form and submit it to the Civil Rights Compliance Officer, **Jodi Birch**, **jbirch@mechanicville.org**, (518)664-5727 ext. 1100 of the MECHANICVILLE CITY SCHOOL DISTRICT. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, the Compliance Officer may complete this form for you and provide you with a copy.

Complainant Information

Name: _____ Job Title (if applicable): _____

Address: _____

Phone Number: _____ Email: _____

Select Preferred Communication Method: Email Phone In Person

Supervisory Information (if applicable)

Immediate Supervisor's Name: _____ Title: _____

Complaint Information

1. Your complaint of discrimination or harassment is made about :

Name: _____ Title: _____

Work Address : _____

Work Phone: _____

Relationship to you: Supervisor Subordinate Co-Worker Teacher Other

2. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) harassment or discrimination occurred: _____

4. Is the discrimination or harassment continuing? Yes No

5. Please list the names and contact information of any witnesses or individuals who may have information related to your complaint:

The last question is optional, but may help the investigation.

6. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

If you have retained legal counsel and would like us to work with them, please provide their contact information below:

Signature: _____ Date: _____